

L11000080825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

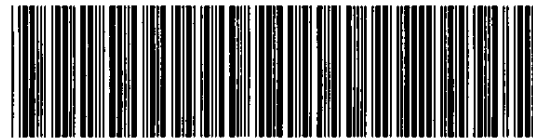
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2017 MAY -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUN 12 P 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

ROBERT ALLEN
TJMAC DISTRIBUTING
1067 NW 33RD MANOR
POMPANO BEACH, FL 33064

SUBJECT: TJMAC DISTRIBUTING COMPANY, LLC
Ref. Number: L11000080825

We have received your document for TJMAC DISTRIBUTING COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A0000080825

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

TIMAC Distributing Company
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT ALLEN

Name of Person

TIMAC Distributing Company.

Firm/Company

1067 NW 33RD MANOR

Address

Panama Beach, FL 33064

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Allen Jr.

Name of Person

at (904) 513-8557

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2017 JUN 12 10 3 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TSMAC Distributing Company.
2. (a) 1067 NW 33rd MANOR Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 1067 NW 33rd MANOR. Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 5-2-2017 Date of filing/registration in Florida
4. L11000080825 Document number

5. (a) INCORPORATE, Com (THE company Corporation
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

P.O. Box 13397
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PHILADELPHIA PA. 19101-3397
_____, FL

- (b) ROBERT ALLEN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1067 NW 33rd MANOR.
NEW Registered Office Address:
Pompano Beach, FL 33064
_____, FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ROBERT ALLEN
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent